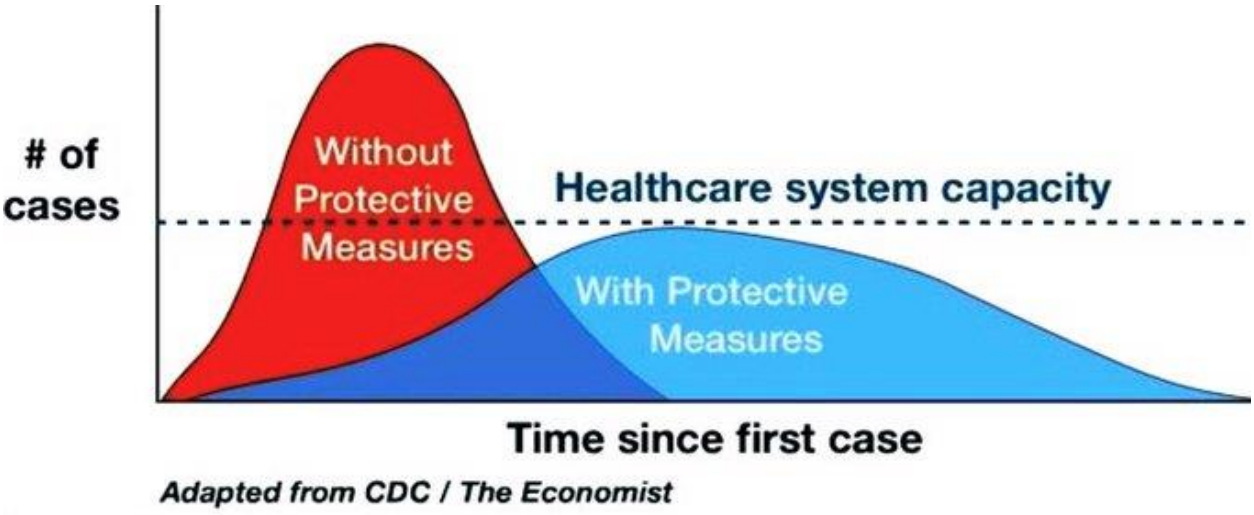
Update Advisory
on COVID-19 of March 9
March 14, 2020

Introduction

The current public health strategy, in the absence of either a vaccine or antiviral therapy, for "mitigating" the pandemic of COVID-19, is to attenuate the epidemic curve. The SARS-CoV2 virus that causes the respiratory illness COVID-19 is highly transmissible with a case-fatality rate of 1-3%. In that respect, while similar to influenza, it is more serious. Social distancing and COVID-19 testing are the 2 tools we have to slow the epidemic at present. They can be used to extend the interval between doubling of the number cases and the number of new cases generated by each case. This has the potential to smooth out the epidemic curve, maybe not reducing the ultimate number of cases, but avoiding a sharp peak in number of cases that paralyzes our healthcare delivery. It may also mean extending the duration of the epidemic, but with the benefit of avoiding an overwhelming surge of cases that prevents us from providing proper care to our patients.



Social Distancing
Increasingly, large or even medium gatherings are being cancelled across the country. People are learning to practice the elbow bump or the foot bump or a prayerful bow in greeting instead of the time honored and instinctive handshake. Even harder is learning to sanitize the hands each time a commonly touched surface in the public sphere is touched. Carry both sanitizer and moisturizer in your pocket for these frequent occasions and advise your patients accordingly.

Patient Encounters
Glove for each patient contact. The evidence against this practice is that health care professionals tend to avoid sanitizing or washing the hands and substitute gloving for cleansing the hands. This makes the precaution less safe rather than more so. If you practice this strongly recommended procedure, wash or sanitize your hands before and after donning gloves.

If you or staff are going to examine a suspect case of COVID-19, or perform a nasopharyngeal swab for testing, full PPE is required, including face shields or goggles, N95 mask, gown & gloves. In the absence of N95 masks, which have been in short supply, PAPRs may be substituted for mask and face shield. Ordinary surgical masks are not adequate.

Advice to your most vulnerable patients. Patients with chronic renal, cardiac, and lung disease, immunocomprised patients, those with hematologic dyscrasias and the elderly should be encouraged to practice extra social distancing: Stay home and delegate errands out of the house to others. Frequent hand washing even at home is necessary, if not living alone. Maximize counseling and care by telephone and/or telemedicine, if available. Consider developing a telemedicine service for your patients (see March 9 advisory).

Current testing for COVID-19.
At present, the Nevada State Public Health Laboratory on the UNR campus has the capacity to run 120-150 tests a day. Morning specimens are turned around the same day. Afternoon tests are

reported the next day. The turnaround time at Lab Corp and Quest is currently 3-5 days.

Setting priorities. Symptomatic patients and contacts to a case should be tested at the NSPHL. Others can have their specimens sent to a commercial laboratory.

Currently only a nasopharyngeal swab is required. An oropharyngeal swab may be obtained for a Strep Chek if sore throat is the predominant symptom; certainly if there is cervical lymphadenopathy or pharyngeal exudate. It is no longer required that an influenza rapid test or streptococcal rapid test be done before a COVID-19 test can be done. However, in the presence of respiratory symptoms and fever, it would be prudent to do a rapid Flu test, so that influenza patients can be treated.

Clinician judgment. CDC guidelines now provide for allowing clinician judgment in deciding who should be tested. Other testing for epidemiologic reasons is at the discretion of the health department. As much as possible, you are encouraged to keep patients with fever or respiratory symptoms out of the office or clinic and to screen, assess and counsel by telephone.
Some data suggests that the increasing shedding of virus over the first few days of illness makes a delayed COVID-19 test more sensitive at 3-5 days after onset.

Referral to the emergency room.
One of the potential points at which health care may break down in the face of a surge of illness, is the emergency room. For that reason, we must be highly selective in referring patients to the ER.

Dyspnea and faintness are the criteria suggested in the initial advisory, but not just a little dyspnea or faintness. They should significantly impair normal activities. Careful history taking will be critical to balance the surge of cases in the ER and avoiding leaving a seriously ill patient at home. This includes taking into account the patient's comorbidities with which even a little dyspnea may decisive.

Discontinuation of Quarantine at home for COVID-19 positive cases.
Current criteria for releasing known cases from quarantine at home include:

1. Resolution of all symptoms.

2. Two sets of COVID-19 tests negative taken at least 24 hours apart. For now, this includes both NP and oropharyngeal specimens on each occasion.

Persons self isolating for reasons of contact to a case but without symptoms and with a negative COVID-19 test may be released from quarantine at 14 days. This may change if more cases with longer incubation periods are found, but most cases have an incubation period of 5-7 days. There is currently consideration of using 4 days beyond the cessation of symptoms as the sole criterion for release of symptomatic persons from quarantine, in order to reduce pressure on an overburdened testing system.

Hotline for your patients with questions you can't answer and selected patients at risk: **328-2427.** On such a call, patients should be prepared to answer questions about their symptoms, travel history, and any known contact with COVID-19 patients. Patients with a recent history of travel to a level 3 country or contact with a known COVID-19 patient, should be advised to make the call.

Advice for patients you tell to stay at home. These patients should also isolate themselves from family or roommates to the extent possible. This includes using separate areas of the home, maintaining a 6 foot distance from others, and disinfection of commonly touched surfaces with an approved disinfectant, e.g. Clorox (see March 9 advisory), after touching. Others in the household who become ill should call their physician or provider or the hotline number. Patients may also be referred to the "Get your home ready" guidance at http://www.CDC.gov.

These patients may take a walk in the neighborhood, if they avoid coming within 6 feet of others and wear a mask. However, they may

not go to any other public space, where maintaining distance will be more difficult.

These patients should proceed to the ER, if they become dyspneic or faint to an extent that interferes with normal activities. First, they should notify the ER that they are coming and be prepared to be greeted by personnel in full PPE. For those who develop dyspnea, the median time from onset of symptoms to dyspnea has been 7-8 days. Fever is not a sufficient reason for advancing to the ER.

Advice for the worried well. Take everyday preventive actions:

- Wash your hands frequently.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Be prepared if your child's school or childcare facility is temporarily dismissed or for potential changes at your workplace.
- Stay home and speak to your healthcare provider if you develop fever, cough, or shortness of breath.
- If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:
  - Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - Confusion or inability to arouse
  - Bluish lips or face

  This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.
- Keep away from others who are sick.
- Limit close contact with others as much as possible (about 6 feet).
- Patients at high risk (elderly, immunocompromised and those with chronic renal, pulmonary & heart disease) should stay at home, and rely on family & friends for support.

References & Appendix:

1. www.**CDC.gov**. Current Interim Guidance:
   - Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
   - Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020
   - Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
   - Healthcare Infection Control Guidance
   - Clinical Care Guidance
   - Home Care Guidance
   - Guidance for EMS
   - Healthcare Personnel with Potential Exposure Guidance
   - Inpatient Obstetric Healthcare Guidance

2. **Billing & coding guidance**:
   - Fact sheet: Medicare Administrative Contractor (MAC) COVID-19 Test Pricing (PDF) (3/13/20)
   - Frequently Asked Questions to Assist Medicare Providers (PDF) (3/6/20)
   - Fact sheet: Medicare Coverage and Payment Related to COVID-19 (PDF) (3/5/20)
   - Fact sheet: Medicaid and CHIP Coverage and Payment Related to COVID-19 (PDF) (3/5/20)
   - COVID-19: New ICD-10-CM Code and Interim Coding Guidance (2/20/20)

3. **Provider Enrollment Flexibilities**: CMS will temporarily suspend certain Medicare enrollment screening requirements including site visits and fingerprinting for non-certified Part B suppliers, physicians and non-physician practitioners. In addition, CMS will allow licensed providers to render services outside their state of enrollment. CMS will also establish a toll-free hotline for providers to enroll and receive temporary Medicare billing privileges.

https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency

4. **Suspension of Enforcement Activities**: CMS will temporarily suspend non-emergency survey inspections, allowing providers to focus on the most current serious health and safety threats, like infectious diseases and abuse.
https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency